

DCA SCHEDULE

Hospital Name Ascension St Agnes
 Hospital Number 210011

Period FY21

Column 1 Column 2 Column 3 Column 4 Column 5 Column 6 Column 7 Column 8 Column 9 Column 10

CREDIT & COLLECTION

Collection Agency Name

- (1) TSI (formerly NCO)
- (2) Amcol
- (3) Frost
- (4)
- (5)

(6) Number of liens 0

(7) Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year 0

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application 774

(9) Total Number of Patients Who Partially Completed a Financial Assistance Application 34

(10) Total Number of patients Who Received Free Care 748

(11) Total Number of patients Who Received Reduced-Cost Care 26

	<u>Spanish or Hispanic</u>	<u>White</u>	<u>Black or African American</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>Other</u>	<u>Declined to Answer</u>	<u>Unknown or Cannot be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	490	527	124	6	26	5	0	29	91
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	60	102	65	1	4	2	0	1	6
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	430	425	59	5	22	3	0	28	66
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	0	0	0	0	0	0	0	0
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 1,404,069	\$ 1,365,107	\$ 637,657	\$ 29,097	\$ 59,812	\$ 9,811		\$ 29,921	\$ 554,275
(21) Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient	\$ 18,959	\$ 25,849	\$ 14,371					\$	2,332